

Requirements for Licensure by Examination in Alabama

- ❖ A completed application for Licensure by Examination in **BLUE or BLACK ink**.
- ❖ Official Transcript from your school of nursing
 - Student copies are not accepted.
 - Transcripts must be received at the Alabama Board of Nursing in a sealed envelope from your school of nursing.
- ❖ Appropriate fees (\$85 for the application and an additional \$50 if requesting a temporary permit)
- ❖ Register for NCLEX Exam with Pearson VUE (this is in addition to applying with the Alabama Board of Nursing)
 - Follow the instructions in the “NCLEX Candidate Bulletin”
or
 - Register online at <http://www.pearsonvue.com/nclex>
or
 - Register by phone 1-866-496-2539
- ❖ Candidates Requesting Special Accommodations

Requests for modification of the procedures for administering the examination for candidates with disabilities, must be submitted to the Board with the application for licensure and must include an evaluation of the disability by the applicant's licensed physician or licensed psychologist and a statement from the director of the nursing education program addressing any accommodations made during the nursing education process.
- ❖ Applicants who have taken NCLEX in another state
 - Complete Part I of the “Out of State Repeat Examination Application” and mail the form along with a self addressed stamped envelope to the state Board of Nursing where you originally applied for licensure by exam. Contact the respective Board to see if a fee is charged for completion of the form.
 - Enclose the completed form with your application packet.
- ❖ Temporary Permits

A first time applicant for licensure by examination may request a nonrenewable 90 day temporary permit to practice nursing. The permit will be issued upon approval of a completed application packet for licensure by examination.

 - The permit will enable the applicant to practice as a Nursing Graduate under the supervision of a currently licensed registered nurse physically present in the facility and under direct supervision of a registered nurse physically present and accessible to designate or prescribe a course of action when performing more complex or advanced skills.
 - A temporary permit will expire upon receipt by the applicant of notice of licensure approval and issuance of a license or license disapproval or upon notice of failure to pass the examination.
 - The applicant must notify their employer immediately upon receipt of notice of failure to pass the examination or of licensure disapproval.
- ❖ Payment
 - Fees may be paid by money order, certified check, cashier's check, corporate or business check and personal check. (Please note the restrictions of personal checks.)
 - Counter checks are not an acceptable method of payment. Personal checks shall be imprinted with the name, address and account number of the licensee.
 - Personal checks by third parties (spouse, friend, parents, etc.) are not acceptable. Again, the name of the applicant or licensee must be imprinted on the check.
 - Personal checks on out-of-state banks are not acceptable.
 - Applicants or licensees who have checks returned to due to insufficient funds may be prohibited from paying any future fees by personal check. As of January 1, 2003, the bad check charge will be \$30.

- ❖ Applicants from Outside the United States:
 - A social security number is required prior to issuance of a license.
 - Provide certification from the Commission of Graduates of Foreign Nursing Schools (CGFNS). Also, have a full course by course evaluation package furnished by CGFNS forwarded to the AL Board of Nursing
 - Be a graduate of a nursing education program approved by the proper authorities in the country where the program is located.
 - Meet the requirements for nursing program content employed as criteria for approval in Alabama at the time of the applicant's graduation.
 - Make up any educational deficiencies.
 - Provide proof of completion of secondary school or its equivalent.
 - Pass the National Council Licensure Examination (NCLEX).
- ❖ If your address changes following submission of this application, notify the Board office immediately.
- ❖ Applicant check list:
 - Completed Application for Licensure by Examination
 - Official Transcript from your school of nursing
 - Out of state repeat examination application (if applicable)
 - Documentation for any "yes" answers to the Regulation questions (if applicable)
 - Appropriate payment of fees to the Alabama Board of Nursing
 - Register for NCLEX with Pearson VUE
- ❖ Applicants can complete the Application for Licensure by Exam and pay the fee to the Alabama Board of Nursing using a credit or debit card under the online services section of the Board's website at www.abn.alabama.gov. Official transcripts still need to be mailed.
- ❖ Repeat Examination Applicants
 - Complete the Application for Licensure by Exam
 - Pay the \$85 fee
 - Register for NCLEX with Pearson VUE



*****IMPORTANT*****

☐ **FIRST TIME APPLICANT FOR NCLEX EXAM:**

- ☐ **RN** (Enclose \$85 fee)
- ☐ **LPN** (Enclose \$85 fee)
- ☐ **Temporary Permit** (Enclose \$50 fee)

☐ **REPEAT APPLICANT FOR NCLEX EXAM:**

- ☐ **RN** (Enclose \$85 fee)
- ☐ **LPN** (Enclose \$85 fee)

Not eligible for Temporary Permit

Date _____



OUT-OF-STATE REPEAT EXAMINATION APPLICATION

APPLICANT INSTRUCTION: Complete Part I of this form and send this form along with a self-addressed stamped envelope to the state or province where you originally took the licensure examination following graduation. That Board will complete the information in Part II and return this form to you. You may need to ask the respective Board if a fee is charged for completion of this form.

PART I (TO BE COMPLETED BY APPLICANT)

LEGAL NAME _____
Last First Middle Maiden

PERMANENT STREET ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____ DATE OF GRADUATION _____

NURSING PROGRAM COMPLETED _____
School of Nursing City State

I hereby give authority to the Board to release the requested information below:

Applicant's Signature

PART II (TO BE COMPLETED BY THE STATE BOARD OF NURSING WHERE APPLICANT ORIGINALLY APPLIED FOR LICENSURE BY EXAMINATION)

1.	Has this individual ever written the licensure examination (SBTP or NCLEX) in your state? If YES, when?	YES <input type="radio"/> NO <input type="radio"/>
2.	Is there any reason (i.e. state regulation, disciplinary, etc.) why this applicant would not be eligible to rewrite the NCLEX in your state? If YES, please state the reason and what action would the applicant have to take in order to be eligible to rewrite the examination (i.e. complete nursing program, complete formal hearing, etc.)?	YES <input type="radio"/> NO <input type="radio"/>
3.	Does your state have limitations on the number of times applicants can test and/or the length of time since graduation? If YES, please state specific number and/or time frames.	YES <input type="radio"/> NO <input type="radio"/>

AFFIX
BOARD SEAL
HERE

Signature _____

Title _____

State Board _____

Date _____